

# ***Building Capacity for Transformation:*** **New Hampshire's DSRIP Waiver Program**

**March 2016**

Updated 3/18/16



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# Overview



# Key Challenges

Significant challenges remain in meeting the needs of individuals with mental health and substance use disorders (SUD). Expansion of Medicaid to newly-eligible adults and of SUD benefits is a significant opportunity, but also places new demands on already overtaxed providers, underscoring the need for transformation.

## Capacity Constraints

## 'Siloed' Behavioral and Physical Health

## Gaps During Care Transitions

### ❑ Long wait lists:

- 2 - 10 weeks for residential treatment
- 26 days for outpatient counseling
- 49 days for outpatient counseling with prescribing authority

### ❑ Limited SUD treatment options:

- In 2014, 92 percent of NH adults with alcohol dependence or abuse did not receive treatment, and four out of 13 public health regions had no residential SUD treatment programs
- 84% of NH adults with illicit drug dependent or abuse did not receive treatment

### ❑ Excess demand for beds:

- New Hampshire Hospital operates at 100% capacity
- 2 out of 3 people admitted to NHH spend more than a day waiting in the ER before a bed is available

### ❑ Limited integration:

- A 2015 review of physical and behavioral health integration in NH by Cherokee Health Systems found "while there are certainly pockets of innovation...overall there remains room for further advancement"

### ❑ Workforce shortage:

- The Cherokee analysis highlighted an acute shortage in the workforce necessary for integrated care, including behaviorists with skills to work in the primary care setting

### ❑ Lack of follow-up care:

- Between 2007 and 2012, the percent of patients hospitalized for a MH disorder who received follow-up care within 30 days of release deteriorated from 78.8 to 72.8%

### ❑ Poor continuity:

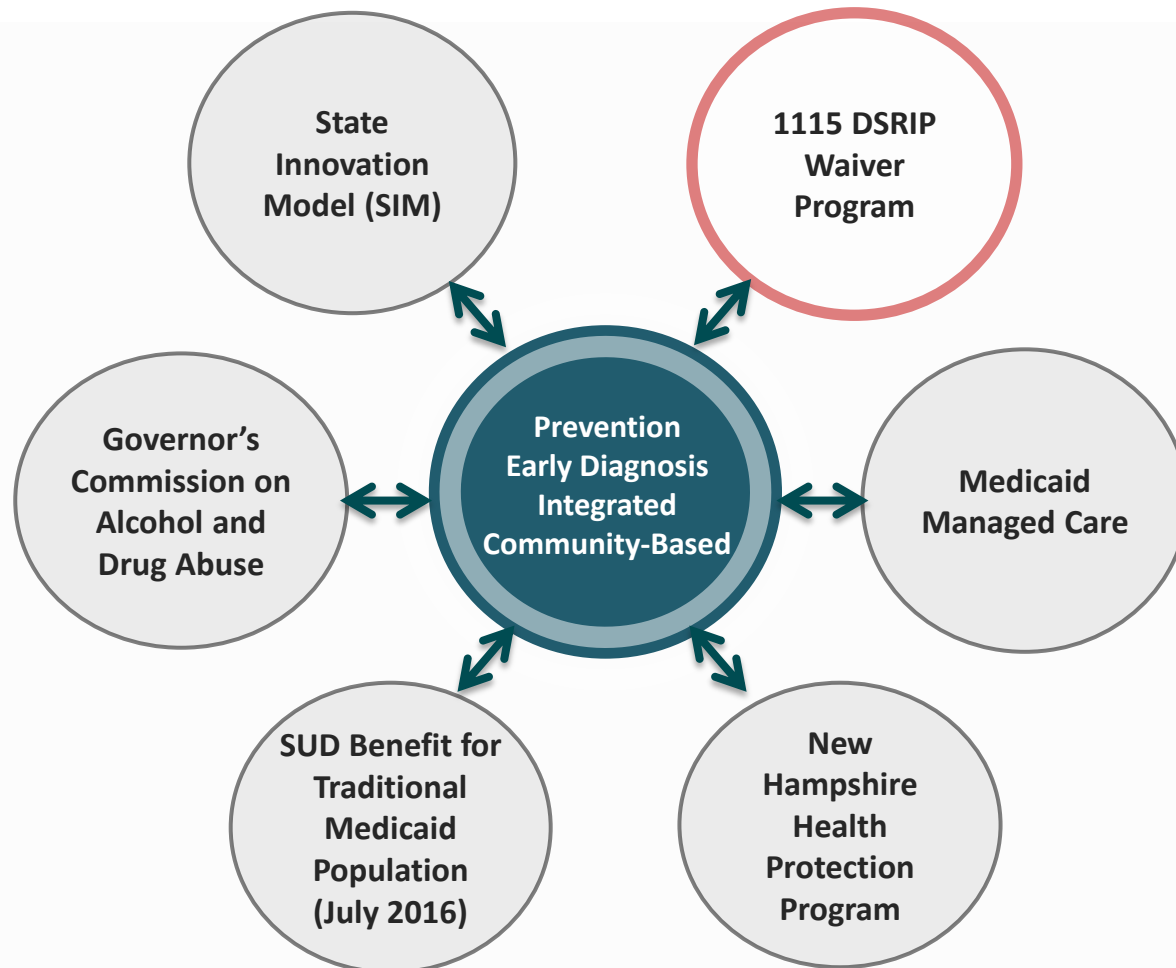
- 48% of NH residents who leave a state correctional facility have parole revoked due to a substance use-related issue



# Vision for Behavioral Health Reform in New Hampshire

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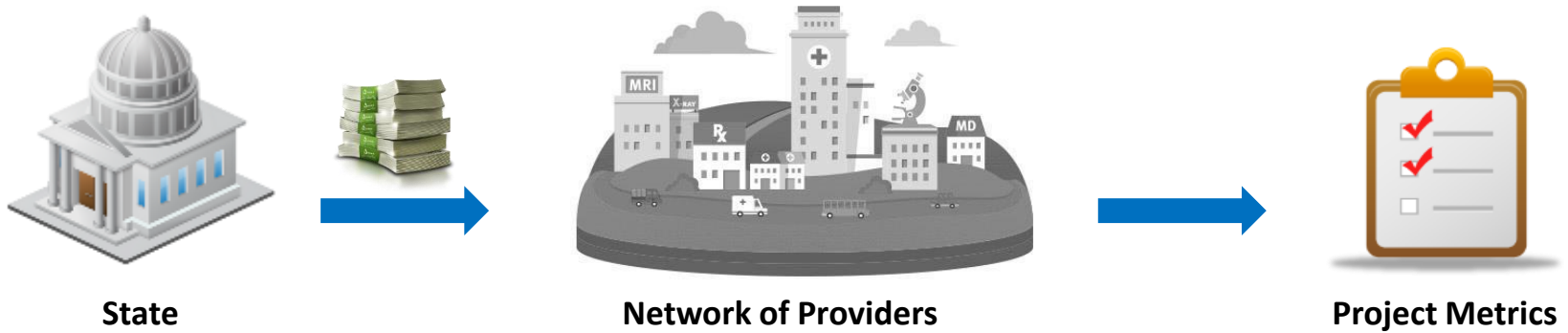
New Hampshire's goal is prevention, early diagnosis, and high quality, integrated care provided in the community whenever possible for mental health conditions, opiate abuse, and other substance use disorders (SUD).



# Delivery System Reform Incentive Program (DSRIP) Waivers: The Basics

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Using a Medicaid 1115 waiver, States fund networks of providers who meet metrics demonstrating improved patient outcomes and promoting delivery system reform.



**DSRIP waivers are a key way to approach Medicaid delivery reform, among many other reform initiatives**



# Overview of New Hampshire's DSRIP Waiver Program:

## *Building Capacity For Transformation*

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The waiver represents an unprecedented opportunity for New Hampshire to strengthen community-based mental health services, combat the opiate crisis, and drive delivery system reform.

### Key Driver of Transformation



**Integrated Delivery Networks** : Transformation will be driven by regionally-based networks of physical and behavioral health providers as well as social service organizations that can address social determinants of health

### Three Pathways

Improve care transitions

Promote integration of physical and behavioral health

Build mental health and substance use disorder treatment capacity

### Funding Features



Menu of mandatory and optional community-driven projects



\$150 million in incentive payments over 5 years



Support for transition to alternative payment models



Funding for project planning and capacity building



Performance-based funding distribution



# **Integrated Delivery Networks**





# Integrated Delivery Networks (IDNs)

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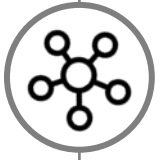


- New, regionally-based networks of providers called Integrated Delivery Networks ('IDNs') will drive system transformation by designing and implementing projects in a geographic region.
- IDNs will be organized into **7** regions throughout the State.
- Multiple IDNs may apply. It is anticipated that there will likely be 1 IDN in many areas of the state, but multiple IDNs may emerge in more heavily populated regions.

## Key Elements



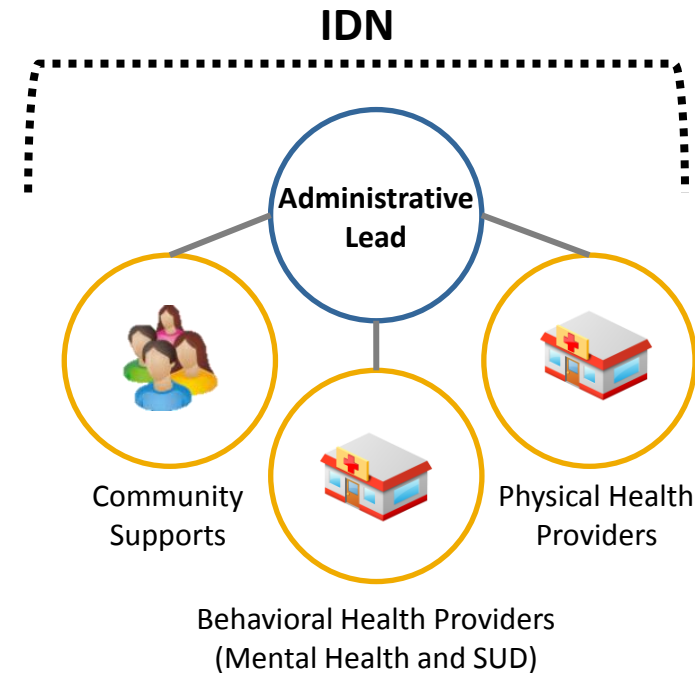
**Participating Partners:** Includes community-based social service organizations, hospitals, county facilities, physical health providers, and behavioral health providers (mental health and substance use).



**Structure:** Administrative lead serves as coordinating entity for network of partners in planning and implementing projects.



**Responsibilities:** Design and implement projects to build behavioral health capacity; promote integration; facilitate smooth transitions in care; and prepare for alternative payment models.

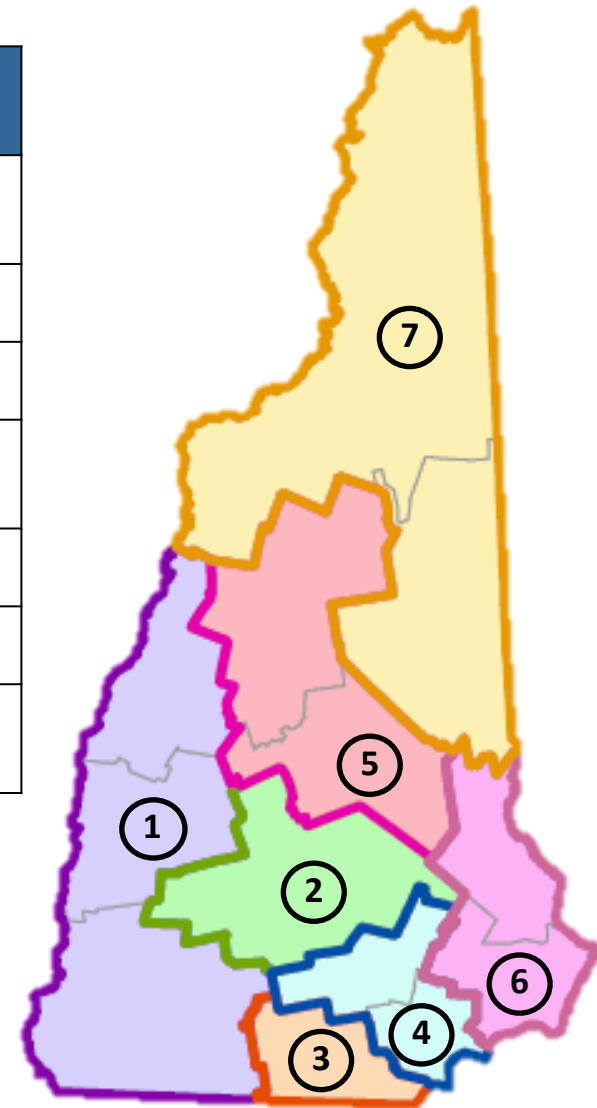


# IDNs Will be Organized into 7 Regions

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Illustrative IDN	Regional Public Health Networks (RPHN) Included	# of Medicaid members
<b>1. Monadnock, Sullivan, Upper Valley</b>	Greater Monadnock, Greater Sullivan County, Upper Valley	21,550
<b>2. Capital</b>	Capital Area	15,520
<b>3. Nashua</b>	Greater Nashua	19,110
<b>4. Derry &amp; Manchester</b>	Greater Derry, Greater Manchester	34,900
<b>5. Central, Winnepesaukee</b>	Central NH, Winnepesaukee	15,230
<b>6. Seacoast &amp; Strafford</b>	Strafford County, Seacoast	25,440
<b>7. North Country &amp; Carroll</b>	North Country RHPN, Carroll County RHPN	15,300

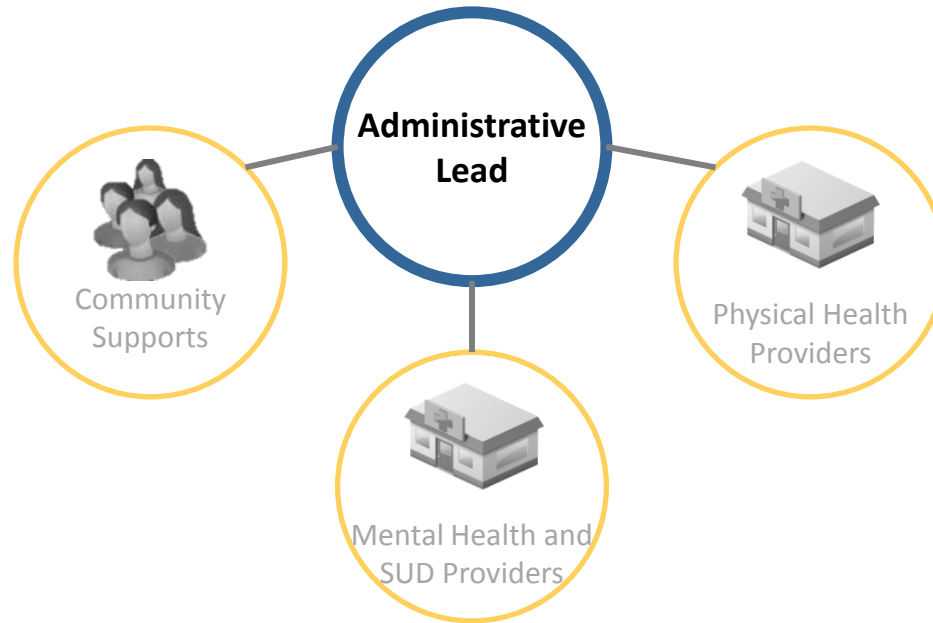
*Providers in each IDN region are encouraged to work together to form one IDN, particularly in less populated parts of the State.*



# Administrative Lead: Responsibilities

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**Integrated Delivery Networks** will be composed of an Administrative Lead and several partners



## Administrative Lead Responsibilities\*

- Organize consortium partners in geographic region
- Act as single point of accountability for DHHS
- Submit single application on behalf of IDN
- Implement IDN governance structure in accordance with DHHS parameters
- Receive funds from DHHS and distribute funds to partners
- Compile required reporting
- Collaborate with partners in IDN leadership and oversight
- Collaborate with IDN partners to manage performance against goals and metrics

*\*Partners may lead implementation efforts for specific projects*



# Administrative Lead: Qualifications

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**Key Takeaway:** Administrative Leads are not required to be a specific provider type (e.g., hospital or Community Mental Health Center). Any entity/organization meeting the criteria can act as an Administrative Lead.

## Organizational Qualifications



Administrative Leads must demonstrate capabilities to lead transformation efforts, including:

- Experience collaborating with partners in the Service Region
- Active working relationships, or the ability to establish working relationships, with diverse entities that will participate in the IDN, including social service organizations and community providers
- Ability to comply with IDN reporting requirements and obligations
- Willingness to provide consent for audit and oversight by the State and CMS

## Financial Stability



Administrative Leads must demonstrate financial stability and prior experience using financial practices that allow for transparency and accountability in accordance with State requirements.



# IDN Composition

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## General Principles



- IDNs must include a broad range of organizations that can participate in required and optional projects
- IDNs must ensure they have a network of non-medical providers and medical providers that together represent the full spectrum of care that might be needed by an individual with a mental health or substance use disorder need

## Specific Requirements



### IDN partner networks must include :

- A substantial percentage of the **regional primary care practices** and facilities serving the Medicaid population
- A substantial percentage of the **regional SUD providers**, including recovery providers, serving the Medicaid population
- Representation from **Regional Public Health Networks**
- One or more Regional **Community Mental Health Centers**
- **Peer and Family supports** and/or **community health workers** from across the full spectrum of care
- One or more **hospitals**
- One or more **Federally Qualified Health Centers, Community Health Centers, or Rural Health Clinics**, if available
- Multiple **community-based organizations** that provide social and support services (transportation, housing, employment, community supports, legal assistance, etc.)
- **County organizations** representing nursing facilities and correctional systems



## General Principles



- **Participatory:** Partners have active roles in decision-making processes
- **Accountable:** Administrative Lead and partners are accountable to each other, with clearly defined mechanisms to facilitate decision-making
- **Flexible:** Within parameters established by DHHS, each IDN can implement a governance structure that works best for it

## Specific Requirements



Each IDN must have in place an approach to the following:

- **Financial governance,** including how decisions about the distribution of funds will be made, the roles and responsibilities of each partner, and project budget development
- **Clinical governance,** including standard clinical pathways development and strategies for monitoring and managing patient outcomes
- **Data/IT governance,** including data sharing among partners and reporting and monitoring processes
- **Community/consumer engagement,** including a description of the steps taken to engage the community in the development and implementation of the IDN



# **Pathways and Projects**



# Three Pathways to Delivery System Reform

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IDNs will implement defined projects addressing the three pathways to delivery system reform:

## Build mental health and SUD treatment capacity

**Projects will support mental health and substance use disorder treatment capacity and supplement existing workforce in all settings.**

- Develop workforce initiatives and new treatment and intervention programs
- Implement alternative care delivery models (telemedicine, etc.)

## Improve care transitions

**Projects will support beneficiaries transitioning from institutional settings to the community and within organizations in the community.**

- Create incentives for IDNs to adopt evidence-based practices for the management of behavioral health patients during transitions
- Incentivize provider collaboration

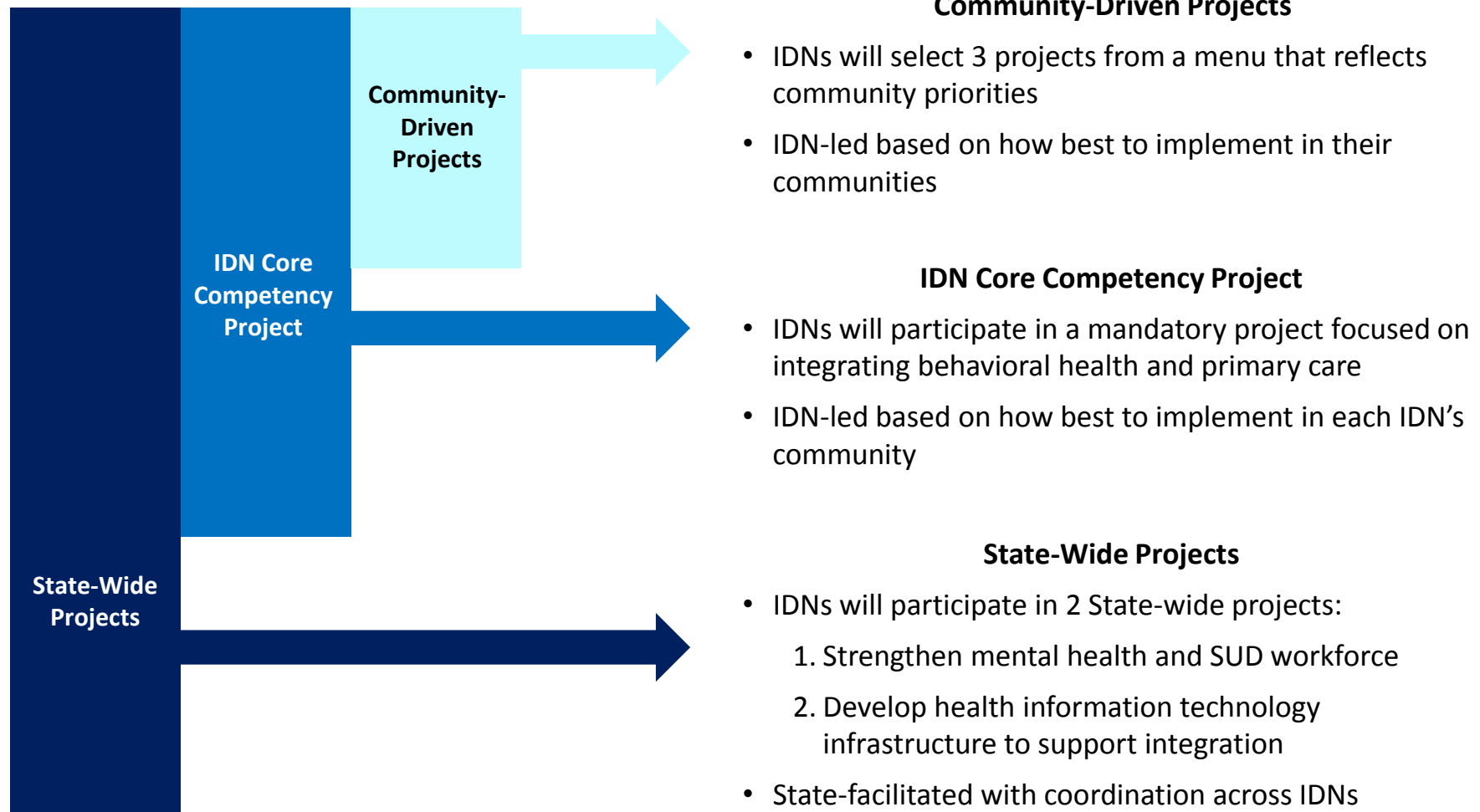
## Integrate physical and behavioral healthcare

**Projects will promote provider integration and collaboration between primary care, behavioral health care and community services.**

- Support physical and virtual integration in primary care and behavioral health settings
- Expand programs that foster collaboration among physical and behavioral health providers
- Promote integrated care delivery strategies that incorporate community-based social support providers







**Each IDN will implement the Core Competency Project.**

## **Integrate Behavioral Health and Primary Care**

- Primary care providers, mental health and SUD providers, and social services organizations will partner to:
  - Prevent, diagnose, treat and follow-up on both behavioral health and physical conditions
  - Refer patients to community and social support services
  - Address health behaviors and healthcare utilization
- Standards will include:
  - Core standardized assessments for depression, substance use, and medical conditions
  - Integrated electronic medical records and patient tracking tools
  - Health promotion and self-management support
  - Care management services
- NCQA accreditation is not required



Each IDN will select three community-driven projects from a DHHS-defined menu.

## Care Transitions:

*Support beneficiaries with transitions from institutional settings to the community*

- Care Transition Teams
- Community Reentry Program for Justice-Involved Individuals
- County Nursing Home Transitions
- Supportive Housing Projects

## Capacity Building:

*Supplement existing workforce with additional staff and training*

- Medication Assisted Therapy
- Mental Health First Aid
- Treatment Alternatives to Incarceration (CIT Model)
- Parachute Program
- Zero Suicide
- Community-Based Stabilization
- Coordinated Specialty Care for First Episode Psychosis
- Peer and Family Supports for Behavioral Health Services

## Integration:

*Promote collaboration between primary care and behavioral health care*

- InSHAPE Program
- School-Based Screening and Intervention
- Early Childhood Prevention
- Collaborative Care/IMPACT Model
- Integrated Dual Disorder Treatment
- Enhanced Care Coordination for High Risk, High Utilizing, and Chronic Condition Populations

# Financing



# Funding for the Transformation Waiver

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## Key Funding Features:

- The transformation waiver provides up to \$150 million over 5 years.
  - State must meet statewide metrics in order to secure full funding beginning in 2018
  - State must keep per capita spending on Medicaid beneficiaries below projected levels over the five-year course of the waiver
- Up to 65% of Year 1 funding will be available for capacity building and planning.
- In Years 2-5, IDNs must earn payments by meeting metrics defined by DHHS and approved by CMS to secure full funding. Under the terms of New Hampshire's agreement with the federal government, this is not a grant program.
- A share of the \$150 million will be used for administration, learning collaboratives, and other State-wide initiatives.

	2016 (Year 1)	2017 (Year 2)	2018 (Year 3)	2019 (Year 4)	2020 (Year 5)	Total Funding
<b>Capacity Building</b> (Up To 65% of Year 1 Funding)	\$19,500,000	n/a	n/a	n/a	n/a	<b>\$19,500,000</b>
<b>Other Funding</b> (IDN payments, administrative expenses, etc.)	\$10,500,000	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000	<b>\$130,500,000</b>
<b>Percent at Risk for Performance</b>	0%	0%	5%	10%	15%	
<b>Dollar Amount at Risk for Performance</b>	(\$0)	(\$0)	(\$1,500,000)	(\$3,000,000)	(\$4,500,000)	
<b>TOTAL</b>						<b>\$150,000,000</b>



# IDN Funding and the Attribution of Beneficiaries

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- Each IDN will have an “attributed” population of members
- Members may only be attributed to one IDN

## **Attributed populations will drive quality measurement and IDN payment distribution:**

- The amount of funding that an IDN can earn will be determined by:
  - The projects that it implements
  - The value of those projects (according to a schedule established by DHHS)
  - The size of its attributed population
  - The IDN’s performance on metrics
- Attribution of Medicaid beneficiaries will be based on the following factors *(see next slide)*:
  - Long-term care facility residence
  - CMHC affiliation
  - Primary care provider
  - Behavioral health provider
  - ZIP Code of primary residence
- If there is more than one IDN in a region and a beneficiary’s provider(s) works with more than one IDN, the beneficiary will be attributed based on his or her zip code and the distance to the nearest hospital.

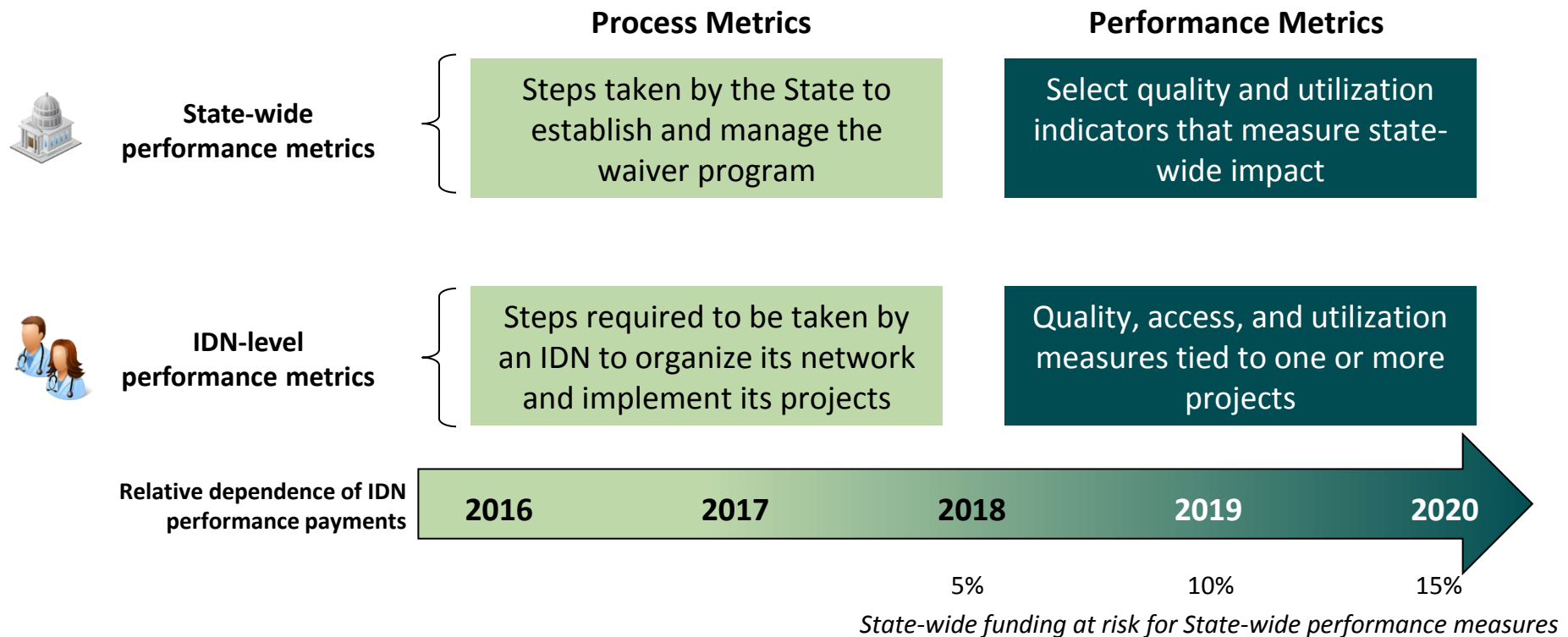
*For some quality metrics and risk sharing under alternative payment models in future years, IDNs will be aggregated into larger “zones”.*



# State-wide and IDN-level Metrics



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- Performance metrics at the state- and IDN-levels will be used to monitor progress toward achieving the overall waiver vision. Payments from CMS to the state and from the state to IDNs will be contingent on meeting these performance metrics.
- Accountability shifts from process metrics to performance metrics over the course of the 5-year program.



# Examples of Potential Metrics

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	Process Metrics	Performance Metrics
<b>State-wide Performance Metrics</b> 	<ul style="list-style-type: none"> <li>• Approval of IDNs and planning/capacity building grants</li> <li>• Approval of IDN Project Plans</li> <li>• Submission of CMS reports</li> <li>• Procurement of independent assessor and independent evaluator</li> <li>• Implementation of learning collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in readmissions for any reason for individuals with co-occurring behavioral health issues</li> <li>• Use of core standardized assessment</li> <li>• Reduction in avoidable ED use for behavioral health population and general population</li> <li>• Reduction in ED waitlist length for inpatient behavioral health admissions</li> </ul>
<b>IDN-level Performance Metrics</b> 	<p><b>General IDN Metrics</b></p> <ul style="list-style-type: none"> <li>• Establishment of an IDN governance committee structure (clinical governance, financial, etc.)</li> <li>• Development and submission of IDN plan to transition to value-based payment models</li> </ul> <p><b>Project-Specific Metrics</b></p> <ul style="list-style-type: none"> <li>• Document baseline level of integration of primary care – behavioral health using SAMHSA <i>Levels of Integrated Healthcare</i></li> <li>• Establishment of standard core assessment framework and evidence based screening tools</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in rate of follow-up after hospitalization for mental illness</li> <li>• Improvement in rate of screening for clinical depression using standardized tool</li> <li>• Improvement in rate of screening for substance use</li> <li>• Improvement in rate of smoking and tobacco cessation counseling visits for tobacco users</li> <li>• Reduction in wait time for substance use disorder treatment</li> </ul>



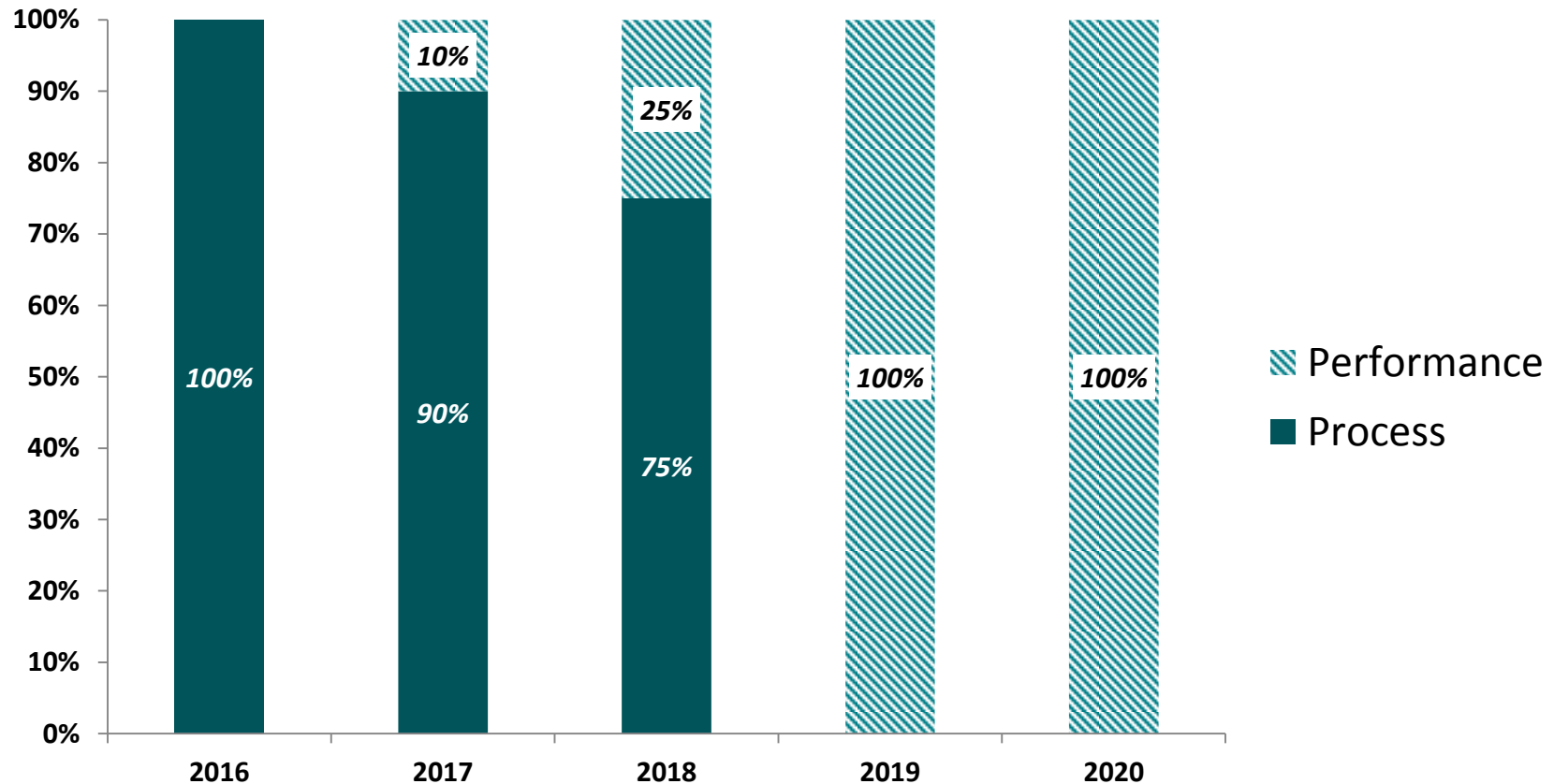


# How IDNs Earn Performance Payments by Year

## As Accountability Shifts from Process to Performance (Proposed)

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Proposed Performance Payment Allocation by Year



Note: pending final approval by CMS and subject to change



# Funding Allocations by Earning Category and Metric Type

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Over the DSRIP period, funding shifts to emphasize Community-Driven Projects and performance measures.

Funding Allocation by Earning Category	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020
Design and Capacity Building Funds	65%	0%	0%	0%	0%
Approval of IDN Project Plan	35%	0%	0%	0%	0%
Statewide Projects	0%	50%	40%	30%	20%
Core Competency Project	0%	30%	30%	20%	20%
Community-Driven Projects	0%	20%	30%	50%	60%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Funding Allocation by Metric Type	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020
Process Metrics	100%	90%	75%	0%	0%
Performance Metrics	0%	10%	25%	100%	100%
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Note: pending final approval by CMS and subject to change



# **Preparing for Alternative Payment Models**



## Goals and Requirements



- 1 The State must develop a plan for sustaining the DSRIP investments beyond the life of the waiver and for moving at least 50 % of payments to Medicaid providers into **“alternative payment models” (APMs)**
- 2 The definition of APMs is evolving. It generally refers to paying providers based on improving outcomes through prevention and effective treatment, not based on volume.
- 3 Key elements of APMs include use of risk-sharing to establish provider incentives to contain costs, robust quality metrics to ensure high-quality care, and re-allocation of saved funds to areas of need.

## Preparations for APMs



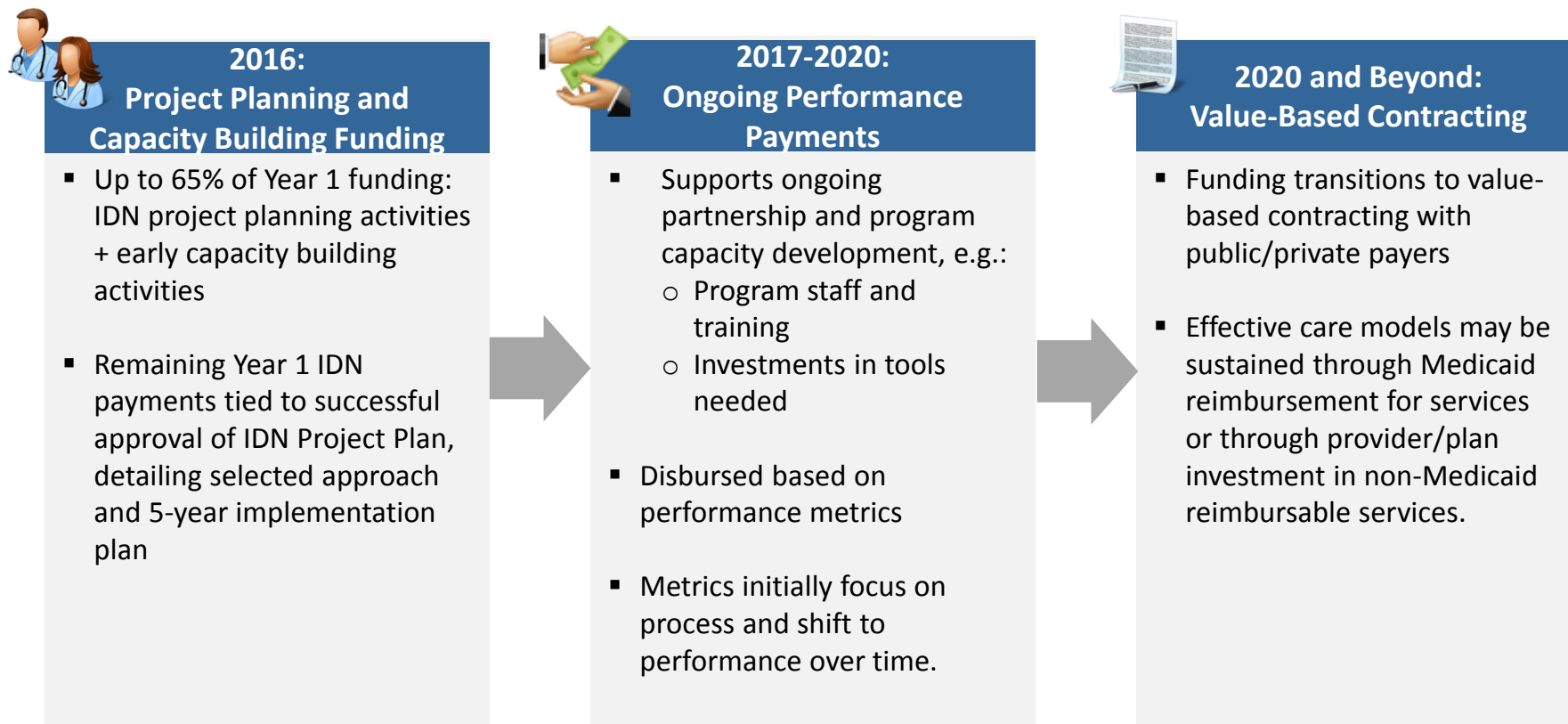
- ➡ Prior to July 1, 2017, New Hampshire must submit a roadmap to CMS outlining how it will modify its Medicaid managed care contracts to reflect the impact of the DSRIP waiver and make progress toward the APM goal.
- ➡ IDNs are expected to make preparations for APMs, such as by engaging with the state and managed care organizations to plan for APMs.



# Driving Towards Alternative Payment Methodologies

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Under DSRIP, New Hampshire's funding model will shift from planning support to performance payments to long-term sustainability. At the conclusion of the waiver, IDNs will have data and experience to support engagement with value-based models.



# **From Concept to Reality: A Provider Example**



# From Concept to Reality: Pinetree CMHC

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*Pinetree Health is a Community Mental Health Center in a non-metropolitan part of New Hampshire, serving ~5,000 total clients, including 1,600 Medicaid beneficiaries (1,200 SMI). In recent years, Pinetree has struggled financially and has faced severe workforce shortages. Pinetree has a close relationship with the large local hospital system but referrals patterns are inconsistent.*

## Pinetree Activities by Key Timeline Phase

### Jan – June 2016

- Determine IDN participation
- Participate in stakeholder engagement
- Provide comments on draft planning and funding protocols
- Engage in conversations with other providers in proposed IDN to discuss:
  - Community gaps in mental health and SUD svc
  - Preliminary list of priority projects
  - Potential IDN structure, including which organization should act as Administrative Lead
  - IDN application preparation (due 5/31/16)

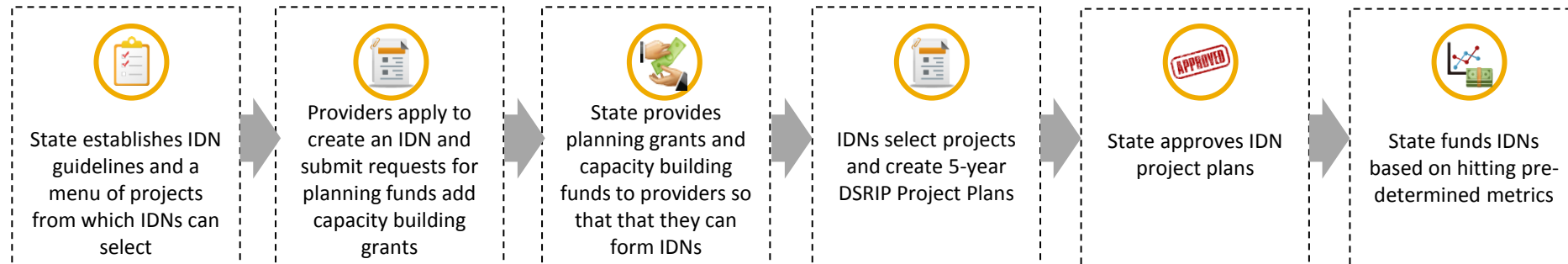
### July-Sept 2016

- Receive and begin to use planning and capacity building funds
- Engage administrative and front-line staff
- Participate in community needs assessment
- Agree on project list and governance process with IDN partners
- Contribute to development of IDN Project Plan application

### November 2016

- Receive project-specific funding
- Begin to implement projects and assist the IDN in pursuing its goals
- Recruit and hire new staff
- Continue to engage stakeholders and the community in designing and implementing projects
- Prepare to report on metrics and contribute to helping the IDN meet its objectives and reporting obligations

## Overview of DSRIP Process:



Note: pending final approval by CMS and subject to change



## Next Steps





# Immediate Next Steps

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## Upcoming Dates of Importance

- **3/01/16:**
  - State submitted for public comment and to CMS a draft of the Planning Protocol, detailing allowable projects and metrics, and the Funding and Mechanics Protocol, detailing how funds will be distributed
- **3/04/16:**
  - State issues request for non-binding Letters of Intent (LOI) from organizations interested in applying to serve as Administrative Lead
- **3/31/16**
  - State issues draft IDN Application for public comment
- **4/04/16**
  - Non-binding LOIs due from interested organizations
- **4/30/16**
  - IDN Application materials released
- **5/31/16**
  - IDN Applications due
- **7/01/16**
  - State announces approved IDNs and begins distributing planning and capacity building funds



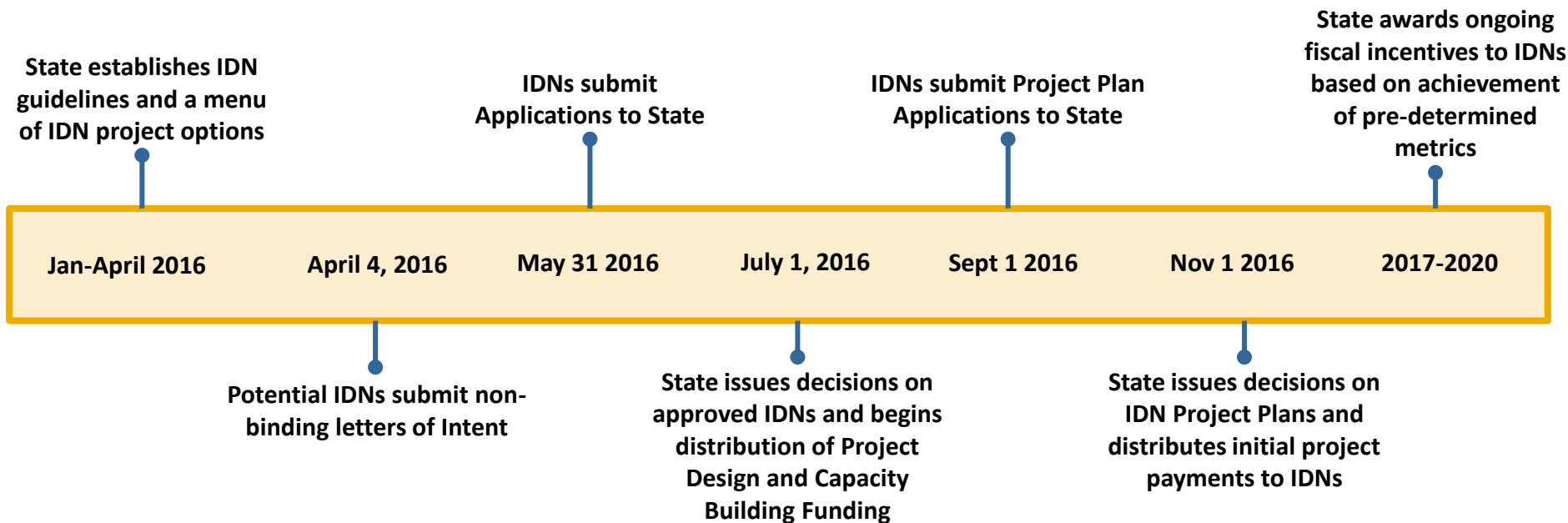
# Implementation of Integrated Delivery Networks

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- IDN applications are due May 31, 2016
- IDNs applications approved by June 30, 2016
- Detailed DSRIP project plans are due by September 1, 2016
- Distribution of project funds is targeted for Nov 1, 2016

## Target Implementation Timeline



Note: pending final approval by CMS and subject to change



# Opportunities for Public Comment

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**Stakeholder input and engagement is critical to the success of the transformation waiver. It will be actively solicited at all stages of implementation.**

**Selected Upcoming Opportunities for Input Below. DHHS will review all materials in light of public input for any potential changes concurrent with CMS approval:**

- March:** Opportunity to prepare and submit comments on the draft planning and funding protocols.
- April 1-April 15:** Opportunity to prepare and submit comments on the draft IDN application materials, including the application for selection to be an Administrative Lead and to apply for Project Design and Capacity Building Funds.
- July 1-July 15:** Opportunity to comment on the draft IDN Project Plan Template.

**Summer and Fall of 2016:** Opportunity to comment on the proposed project plans of individual IDNs. *In addition, DHHS will hold a series of stakeholder meetings through March and April of 2016 to generate discussion and input from stakeholders on the early design phases of the transformation waiver.*

**Comments and questions can be submitted at any time to [1115waiver@dhhs.state.nh.us](mailto:1115waiver@dhhs.state.nh.us)**

**For more information, please visit:**

<http://www.dhhs.nh.gov/section-1115-waiver/index.htm>



# IDN Building Blocks

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Non-Binding Letter of Intent	IDN Application (including request for Design/Capacity Building)	IDN Project Plan
Due: April 4, 2016	Due: May 31, 2016	Due: September 1, 2016
<ul style="list-style-type: none"> <li>Potential IDNs submit non-binding Letters of Intent</li> <li>Provides DHHS with early indication of organizations interested in establishing an IDN and any regional gaps</li> </ul>	<ul style="list-style-type: none"> <li>Administrative Lead submits an IDN Application on behalf of itself and participating organizations.               <ul style="list-style-type: none"> <li>Includes request for Project Design and Capacity Building funds</li> </ul> </li> <li>Provides information needed by DHHS to assess whether an IDN meets composition requirements; certify Administrative Lead; and evaluate requests for project design and capacity building funds</li> <li><b>Funding announced: June 30, 2016</b></li> </ul>	<ul style="list-style-type: none"> <li>Once IDNs have been selected, IDN partners collaborate from June-September 2016 to identify community needs, select projects and create an implementation plan</li> <li>Serves as a planning vehicle for IDN partners</li> <li>Provides CMS, DHHS, and community members insight into the work that will be conducted by each IDN and how it will help the state to meet the objectives of the transformation waiver</li> <li>Plans must be posted for public comment and will be reviewed by an independent evaluator prior to approval by DHHS</li> <li><b>Funding announced: November 1, 2016</b></li> </ul>
<b>Must include:</b> <ul style="list-style-type: none"> <li>Name of potential administrative lead and key contact information</li> <li>Preliminary information on potential IDN partners</li> </ul>	<b>Must include:</b> <ul style="list-style-type: none"> <li>Description of partner organizations and approach to implementing projects</li> <li>Descriptions of Administrative Lead's qualifications and capabilities</li> <li>High-level description of local behavioral health-specific needs</li> <li>Explanation of why planning and capacity building funds are needed and how they will be used to support the transformation goals of the waiver</li> </ul>	<b>Must include:</b> <ul style="list-style-type: none"> <li>Identification of specific community needs, target populations, and selected projects</li> <li>Detailed description of approach to implementing projects</li> <li>Description of key risks and mitigation factors</li> <li>Description of governance structure, funds flow, and other IDN organizational design elements</li> </ul>



## Transformation DSRIP waiver webpage:

**<http://www.dhhs.nh.gov/section-1115-waiver/index.htm>**

- Special Terms and Conditions of NH's DSRIP Waiver
- Draft Funding and Mechanics Protocol
- Draft DSRIP Planning Protocol
- Request for Non-Binding Letters of Intent
- Schedule of Stakeholder Engagement Meetings

**Email: *1115waiver@dhhs.state.nh.us***

